

CIMS SUPPLEMENT

Breastfeeding Duration Reports

Special point of interest:

A new version of Client Services has been pilot tested since then end of February.

Breastfeeding information used in the BF Duration reports comes from the Custom tab of the infant wizards. If the fields on this tab are not filled in, the breastfeeding reports will not reflect what is really happening with your infants. All infants, breastfeeding or not, should have these fields filled in.

None of this data is automatically filled in. Issuing formula checks does not set the “Date formula/milk introduced” field. The only way to get accurate information into the breastfeeding reports is for you to enter the information on the custom tab.

NOTE: If the infant was initially breastfed but began formula on the same day of birth, you will be unable to record. You cannot use the infant’s date of birth for the “date breastfeeding stopped.” You will need to record it using the day after their birth as the “date formula/milk introduced.”

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Breastfeeding while Pregnant

For the woman who is pregnant but is also exclusively breastfeeding another child under the age of 12 months old, select “Breastfeeding while pregnant” to be able to provide her with the breastfeeding food package (B series).

Can the CC be Skipped?

Clients who have had a miscarriage *or* who have been put on the program as PE but brought the baby in before a CC was done, *must* have the certification complete before the client can be recertified as breastfeeding (BF) or postpartum (PP).

Void and Replacing Checks

If checks are mistakenly voided/replaced, the checks cannot be un-voided. A thorough note should be added into the client's file about the mistake.

Once you have started the Void/Replace Checks wizard, moving “backwards” with the arrows or tabs can cause problems when the checks are printed. Check History may show more months issued than were printed, or two sets may be printed for the same month. CIMS has a tendency to get “confused” when you move “backwards” through the wizard.

To avoid this bug, don't go backwards through the tabs and arrows. If you need to make changes on a previous tab, just close the wizard and start over. If you still experience difficult or problems, contact the CIMS Help Desk. The Good News: We have fixed this error in the new version of CIMS, which is currently being piloted.

What Wizard Should I Use?

Test your knowledge of Client Services. What wizard(s) or tab(s) can you select for your scenario?.

A client has already been certified for WIC. She comes in for her checks and the following takes place. Which wizard(s) or tab(s) do you use? More than one choice may be correct.

1. You offer some suggestions on adding more fresh vegetables to family meals.
2. You weigh the client and want to record the measurement.
3. The client tells you she saw the hospital dietitian (not the WIC RD).
4. You want to document the follow up of a complaint.
5. You remind the client her baby needs his next immunization.
6. You discuss a nutrition-related topic that is not on the Topics tab.

Place answers in the boxes

Choose one or more from the choices below:

- A) 2C Wizard
- B) Certification Notes tab
- C) Check Notes tab
- D) Flowsheet
- E) F/U Wizard
- F) RD Wizard
- G) Change Cert Wizard

**ANSWERS FOUND ON
PAGE 5**

Appointment Book Issue Around Class Schedule

So you received an error message when you went into the appointment book for a certain day and was even kicked off CIMS?

If this happens at your clinic, and your clinic provides classes, check out the time of day your classes are offered. Confirm there are not any classes for that day with late PM hours. For example, there may be a class scheduled from 10:00 AM to 11:00 **PM**. If this is the case, go back and change the PM to AM.

If there are clients already assigned to the class, you will be unable to change the “PM” to “AM” without first removing the clients from the class. There is not a quick and painless way to change this information without removing the clients.

Begin by:

- printing a class schedule
- then remove the clients from the session
- edit the time
- and re-enter the clients back into the class.

The good news....the next version of CIMS that is being piloted at this time will take care of this issue.

Client files, with a pending status, are deleted in CIMS after 120 days if the file has not been used.

You will be unable to back out of a certification if there are notes in the check section.

Referrals Tab and Documentation

Now is the time for all good WIC staff to stop documenting income, ID, residency and pregnancy verification on the referrals tab.

The Income Documentation Tab is the only place where you need to document Proof of Income, ID, Residency and Pregnancy. PLEASE, discontinue documenting these non-referral items on the Referrals Tab.

Using the Referrals Tab was an innovative way to document these requirements before the Income Documentation Tab was added. However, because these proofs are not referrals, this practice causes inaccuracies in some of the reports. State staff must modify the reports to remove this data.

Please use the Income Documentation Tab as a more efficient business practice and help us “clean up” CIMS reports.

Best practice for using**Clinic Reports:**

Only open the report before you decide to view/print. If you open and leave open Clinic Reports throughout the day, Clinic Reports may lose its connection and therefore be unable to print the report.

Migrancy Counts

To be counted as Migrant, a client must be assigned the risk factor “migrancy” on the Assess Risk tab. The Migrant reports look for the “migrancy” risk factor, not the migrant indicator (check box) on the Demographics tab.

If the migrant indicator is set (a checked migrant box) on the Demographics tab *before* a certification wizard is started, the migrancy risk factor is automatically assigned to the client. However, if a client is being transferred in from another clinic, *no migrancy risk factor is assigned*. You must include it manually. If the transfer card does not show the migrancy risk factor, the client is not considered migrant for that certification period (and the risk should not be assigned).

Be sure the migrancy risk has been documented on the Assess Risk tab for all your migrant clients.

“A Picture Says a Thousand Words”

Here are the steps to take to capture a screen print to share with the Helpdesk staff if you encounter a bug .

Capturing a Screen Print



1. Select the Screen Print button (**Print Scrn/Sys Rq**) located at the upper right hand side of your keyboard.
2. Select the Control button (**Ctrl**), plus the **C** located at the lower left hand side of the keyboard. This is the copy function.
3. Go to the **Start** button at the lower left corner of your screen.
4. Select “**Programs**”
5. Select “**Accessories**”
6. Select “**Word Pad**”
7. Select the **Ctrl** button, and **V** located at the lower left hand side of the keyboard. This is the paste function.
8. **Print** the document by selecting the print icon.
9. **Close Word Pad.**
10. **Fax** document to the Helpdesk: **360-236-2251**

In the Day of Investigative Work

The dual participation report is used by the state office investigators to look for clients who might be participating in two WIC clinics at the same time. It has become apparent that when twins are involved, extra time is consumed researching the clients because they share the same birth date, phone number, caregivers, etc. Therefore, these clients are investigated but often result in the conclusion that they are twins.



WIC staff can play a key role in simplifying this search.

If you certify twin clients into CIMS, please identify in both charts, on the “Notes” tab, that the clients are twins. Write a very simple note, as simple as “TWIN, (your initials, date)”

By using this practice, you have just increased the efficiency of the program., and permit the investigators to work on issues of high priority. Thank-you

Answers to “What Wizard Should I Use?” (page 2)

1. **A**, use the 2C wizard to record the topic and receive credit for providing nutrition education to the client.
2. **E**, use the Follow-Up wizard if you are *just* recording the measurements. However, if you discuss and explain the growth grids, use the 2C wizard to document the education visit.
3. **F**, use the RD wizard to capture that the client has seen a dietitian. Enter a note in regards to the client seeing the hospital dietitian.
4. **C, E or G**, if you are documenting or following up on a complaint against the client, use the Follow Up Notes tab, Check Notes tab, or Change Cert Notes tab.
 - If you are performing another service (like a second contact) for the client, you can document the complaint follow up in the wizard’s Notes tab.
 - Do not use any other wizards (other than F/U, Check, or Change Cert) if you are *only* documenting a complaint follow up.
5. **D or E**, use the Follow-Up wizard if you want to document the referral, otherwise use the Flowsheet.
6. **A**, use the 2C wizard, selecting ‘Other’ as the topic. Be sure to complete the field to describe what the ‘other’ refers to. Only use the ‘Other’ topic for nutrition education. Do not use it for immunizations or other referral discussions.

What's in a Name?

Depending on how the client's name was entered into the Demographics screen, may prove frustrating for staff. When entering a client's name into the Demographics screen, confirm there is not a blank space before the *beginning* of the last name.

A simple void of letters could cause great frustration when locating the client's chart in CIMS the next time the client is in the office.

If you are experiencing difficulty finding a client in CIMS, try:

- searching by client name versus caregiver name
- Searching by the client's date of birth



Good News: the newest version of CIMS will be proactive in catching this issue before it becomes a problem. However, it will not go back and fix the names that already have a space in front of their names. But you could check for those names with this issue and make the change on the Demographics screen. This one small step will help staff be more efficient and experience less frustration.

Graphs

CIMS auto calculates many risk factors for a client, which is especially helpful when identifying risks related to the anthropometric measurements plotted on a graph.

Percentiles are calculated in CIMS to the nearest hundredth (2 decimal places) before risks are determined. For example, a child whose percentile Height/Age is 05.01 will not be assigned the risk of Height/Age $\leq 5^{\text{th}}$, but will instead be assigned the risk Height/Age $\leq 10^{\text{th}}$. All percentile determinations were found to be accurate when compared to CDC calculations.

Adjustments have been made to the visual display of the growth grids. Data points on the graph should closely match the calculated percentile. As before, there are limitations to what can be displayed on a computer screen. Occasionally, a data point will slightly overlap a percentile line on the graph. This is due to the size of the data point displayed. If a risk does not auto calculate, the percentile (to 2 decimals) did not meet the risk criteria. The auto-calculated risk is correct, although there may be a slight variation in the plotted point displayed on the graph.